

56

00-R-0617

Entered - 09/24/99 - sb
CL99L0599 - DIANNE C. MITCHELL

CLAIM OF: CLARICE D. RUMPH
493 Boulevard, NE
#101
Atlanta, Georgia 30308

For damages alleged to have been sustained as a
result of a vehicular accident on August 23, 1999
at 461 Ponce de Leon Avenue.

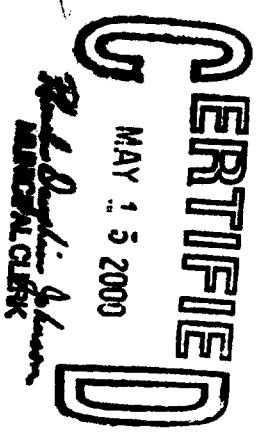
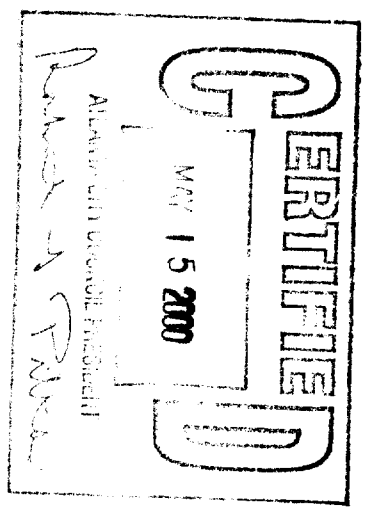
THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSE REPORT

COM *R.S. & h.A.*
DATE *5/9/00*
CITY *C.F. Martin*

Deery Bell
City Clerk
Henry D. Over
Mayor



ADVERSE
CITY COUNCIL MAY 15 2000



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

June 9, 2000

Clarice D. Rumph
493 Boulevard, NE
Apartment 101
Atlanta, GA 30308

00-R-0617

Dear Ms. Rumph:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on May 15, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0599

Date: February 18, 2000

Claimant /Victim CLARICE D. RUMPH
BY: (Atty) (Ins. Co.) _____
Address: 493 Boulevard, NE, #101, Atlanta, Georgia 30308
Subrogation: _____ Claim for Property damage \$ 2,075.27 Bodily Injury \$ _____
Date of Notice: 09/07/99 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 08/23/99 Place: 461 Ponce de Leon Avenue
Department Police Division: _____
Employee involved Andrea N. Toto Disciplinary Action: Oral Reprimand

NATURE OF CLAIM: The driver of the City vehicle struck the claimant's vehicle as she was backing out of a parking space causing damages in the above amount. The claimant has elected to receive payment for her damages through her insurance carrier, see claim number 00L0156.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

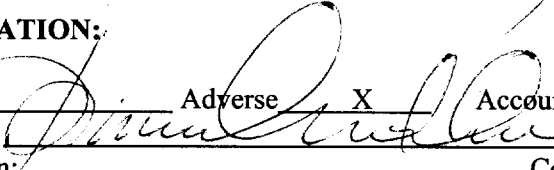
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. X Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 04-19-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 9-1-99

\$2939.68

Dear Municipal Clerk:

ENTERED - 9-24-99 - SB
99L0599 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$205.27 property and/or \$ 0.00 bodily injury for which I contend the City is liable.

1. Date of incident: 8-23-99
(month/day/year)
2. Police called: ☒ Yes ☐ No
3. Location of incident: 461 Ponce De Leon
4. Name of your insurance company: Safeco Policy No. 21598112
5. State what and how incident occurred: See Police report please
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle:	<u>Pontiac</u> (make)	<u>91</u> (year)	<u>381 NEF</u> (tag number)	<u>Arte Rumph</u> (driver's name)
City vehicle:	<u>Ford</u> (make)	<u>Andrea N. Lott</u> (City driver's name)		<u>Police Dept</u> (department/bureau)
8. Witness: _____
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Arte R. Rumph
(claimant's name)

493 Blvd. N.E. #101
(address)

Atlanta Georgia 30208
(city and state)

454-134-0010
(work number)

404-892-2573
(home number)

00- R-0617